

CITY COUNCIL AGENDA REQUEST FORM

Today's date: 10 / 16 / 17

Date of meeting ____/____/____

(City Council meetings are held the 1st and 3rd Wednesday of each month.)

Name of Citizen, Organization, Elected Official, or Department Head making request:

Michael Murdock

Address: 1008 Lake St.

Phone number and email address: 208-290-5923 murdockmb@gmail.com

Authorized by: Harmon Cook Ann Cook
name of City official City official's signature

(Department Heads, City Council members, and the Mayor are City officials.)

Subject: Right of Way tree removal

Summary of what is being requested: remove 2 small apple trees

The following information MUST be completed before submitting your request to the City Clerk:

1. Would there be any financial impact to the city? ☐ Yes or ☒ No

If yes, in what way? _____

2. Name(s) of any individual(s) or group(s) that will be directly affected by this action:	Have they been contacted? Yes or No

3. Is there a need for a general public information or public involvement plan? **Yes or No**
If yes, please specify and suggest a method to accomplish the plan: ☐ ☐

4. Is an enforcement plan needed? **Yes or No** ☐ ☐ Additional funds needed? **Yes or No** ☐ ☐

5. Have all the affected departments been informed about this agenda item? **Yes or No** ☐ ☐

This form must be submitted no later than 5 working days prior to the scheduled meeting. All pertinent paperwork to be distributed to City Council must be attached.

ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM

**CITY OF SANDPOINT
AGENDA REPORT**

DATE: 12/06/17

TO: MAYOR AND CITY COUNCIL

FROM: Jared Yost, Urban Forester

SUBJECT: Request for removal of tree 1008 Lake Street

DESCRIPTION/BACKGROUND: A new home is being built on this property. The two apple trees are in the path of the required sidewalk. The trees are apple trees that would drop large fruit on the sidewalk. They are also not on the approved street tree list. The trees are in poor health and their branches often scrape the firetrucks as this is the primary route for trucks exiting the fire station. Tree committee has reviewed the trees and recommend approval of the request to remove. Owner understands that the trees will need to be replaced with appropriate trees for the space from the approved street tree list.

STAFF RECOMMENDATION: Allow for removal. Tree committee recommends approval of request for removal

ACTION: Request approval from Council for removal

WILL THERE BE ANY FINANCIAL IMPACT? No

HAS THIS ITEM BEEN BUDGETED? NA

ATTACHMENTS:



Sandpoint Tree Committee
DRAFT MINUTES
8:00 AM Monday, November 20, 2017
City Hall

Members present: Bob Wilson (chair), Sharon Lewis, Bill Love, Erik Sjoquist, Jared Yost (City Forester), Shannon Williamson (Council woman) Guests Present: Sue Gervais, Ken Thacker, Ray Charleton

I. Approval of Minutes for Oct. 2017 Erik moved Bill Seconded, approved as written.

II. New Business

- A. Lakeview Park Trees. *Discussed citizen concern over potential hazard trees and weeds. No official action requested. Urban forester will visit site to evaluate.*
- B. Tree Removal Request - 1116 W. Lake St. Sharon moved that we support the applicants request for removal of the two apple trees. Discussion centered around the right tree in the right place (apple not an approved street tree), health of the trees (poor). Committee voted unanimously to support the request for tree removal.

III. Old Business

- A. *Program Updates*

Neighborwoods. *Early snow saturated tree nurse fields which keep harvest equipment from being able to access the trees. Neighborwoods will be postponed till spring.*

- B. Heritage Tree Program - Heritage Tree Nomination Form, Tree Evaluations. *Documents were reviewed and approved for appending to the arboriculture manual.*

IV. Next Meeting - Dec. 18, 2017

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CITY OF SANDPOINT URBAN FOREST PERMIT TO DO TREE WORK

TYPE OF WORK: REMOVAL ☒ PRUNE ☐ PLANT ☐ [Check appropriate box(es)]

Date Of Request: 10-16-17

Request Taken By: _____

Name: Mike Murdock

Address: _____

Person And Phone Number: _____

All work will performed by Owner
(Landowner/ Representative)

Or by _____, a contractor licensed by the city to
(Contractor)

work on trees in the ROW or Parks, License number: _____, and will be complete in 30 days.

LOCATION, NUMBER, KIND OF TREES AND REASONS FOR REMOVAL, PRUNING OR PLANTING
(Attach additional pages if necessary):

2 small apple trees fronting S. Ella

Proposed Start Date: ASAP

Proposed Finish Date: _____

Property Owner's Name: Mike Murdock

Property Owner's Phone Number: _____

Property Owner's Address: _____

Work Site Address (If Different): _____

Note: If your project will impair traffic flow on any City street, you will need to also apply at the Public Work Department for an Encroachment Permit at least 48 hours before work commences. 263-3407.

APPLICANT'S SIGNATURE: (The property owner or designee agrees that s/he is familiar with the City's ordinances regarding its community forest and is familiar with the City's Arboriculture Manual that specifies practices in regard to public right-of-way trees. Holder of this permit agrees not to hold the City of Sandpoint or any employees thereof responsible for any liability by accident to permit. Any work improperly done by the holder of the permit will be assessed remediation costs.)

Mike Murdock

Date: 10-16-17

COMMUNITY FOREST PROGRAM: PRE-INSPECTED AND APPROVED BY:

NAME: _____ DATE: _____ PHONE: _____

CITY REQUIREMENTS/ RECOMMENDATIONS:

NOTICE OF COMPLETION: POST-INSPECTION AND APPROVAL BY:

NAME: _____ DATE: _____ PHONE: _____

Instructions are on the back of this form.

PERMIT INSTRUCTIONS/ REMINDERS

- When you (or your company) fill out the request, turn it in to either the Public Works Department desk or the Planning Department desk, both of which are located on the second floor of City Hall, 1123 Lake Street.

If you choose to **mail** in your application, mail it to:

City Forester
1123 Lake Street
Sandpoint, ID 83864

- By City Ordinance, any person performing work for a fee on public right-of-trees/ shrubs must be bonded and carry workman's compensation on their employees. You are likely safe if you pick an arborist listed in the phone book yellow pages. But, be sure to ask the contractor.
- **Start Date:** You have to allow at least ten working days between the time you submit this application (and it is in the hands of the Community Forest Coordinator) and the time you plan to start work. This time period will allow the City time to review the application and to return its recommendations and sign-off on the project.
- **Finish Date:** The approved application **expires 30 days** after the projected "Finish Date" unless otherwise authorized in writing by the Community Forest Coordinator.
- If you are a **resident who rents** the property that abuts the project area, you will have to get the actual property owner's signature on this form. If that does not appear to be easily done, you must talk with the Forest Coordinator about possible solutions before you submit this application.
- Please keep the City **approved application** form at the project site. As soon as is practical, after the work is completed, call the City's Forester 255-1443 or the Planning Department 263-3370 and **request a "Post-Inspection."** If the work done is appropriate, the Forest Coordinator or his/ her designee will then sign-off on this application.
- Copies of the City's **Arboriculture Manual** can be obtained for a small fee from the Planning Department. Or, you can download a copy or view it online at <http://www.cityofsandpoint.com/communityforestry.asp>

This manual describes what in detail can be done with respect to the removal, trimming and planting of trees/ shrubs within the public right-of-ways. We highly recommend you study of the manual before you turn in this application or call the City Forester for advice: 255-1443.